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SOME OBSERVATIONS ON THE TREATMENT OF NARROW AND  
IRRITABLE STRICTURE OF THE URETHRA.

[Read before the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

BY D. D. SLADE, M.D., ONE OF THE SURGEONS TO THE BOSTON DISPENSARY.

I PROPOSE to offer to the Society some practical observations upon the introduction of instruments in cases of narrow and irritable stricture of the urethra, more particularly for the purpose of relieving retention of urine. Much as has been written and spoken upon this subject, it is one, the important practical bearing of which will admit of its being frequently brought before us; for in our community especially, every medical man is liable to be called upon, at a moment's notice, to afford relief in the crisis of retention. If I was asked what common operation in surgery required the most tact, careful manipulation, and, above all, gentleness and patience, I should unhesitatingly say catheterism. Not but that any man may succeed, with more or less adroitness, in introducing a catheter into the bladder, provided the parts are in a perfectly normal condition; but let him meet with any obstruction, then his attempts may be completely foiled, unless by experience and constant practice he shall be prepared to overcome them.

It is a well-established rule at the present day, or at least it ought to be, that puncture of the bladder is never necessary, the cases of failure to arrive at the bladder through the natural passage, by well-directed and skilful manipulations, being so extremely rare. To be sure, puncture of the bladder is an operation which is constantly performed in Hospitals and elsewhere, but had these very cases fallen into skilful hands at the commencement of the retention, or had more patience and perseverance been practised by the hospital surgeons themselves, no such extremity would have been resorted to, excepting under extremely rare circumstances. Prof. Syme, of Edinburgh, long ago publicly taught that there are *no* strictures capable of allowing the passage of urine, even in drops, which cannot be permeated by skilfully-directed efforts. Civiale, in his admirable cliniques, and in his works, assures us that

VOL. LVIII.—No. 20

puncture of the bladder is never necessary. Such, in fact, is the opinion of the best surgical authority at the present day.

In my own practice, I have been called to several cases of retention of urine where the method of treatment of which I am about to speak, pursued with gentleness and perseverance, alone saved the patients from having the bladder punctured, that operation, in one case at least, having been determined upon by the attending physician.

Let us suppose, then, that we are called to treat a case of narrow, irritable stricture, where retention of urine has not actually taken place, but where, in fear of such a result, attempts have been made to pass the catheter without success. In such a case, we must have recourse at once to general treatment. Rest in bed, warm baths, laxatives, strict attention to diet, opiate enemata, and, above all, care not to introduce any instrument into the urethra, will be found soon to have their marked beneficial effects; the immediate tendency to retention will disappear, and by following up this plan of treatment for a sufficient length of time, we shall place the organs in the best possible condition for undergoing the proper local treatment.

On the other hand, let us suppose that we are called upon after retention of urine has occurred, and where immediate relief must be given, and where attempts to reach the bladder may or may not have been made. In such a case, the passage through the stricture must necessarily be extremely small, and therefore in order to pass an instrument through it, we must select one of a corresponding size. For this purpose, I always make use of these delicate gum-elastic bougies, some of which, as you see, are scarcely larger than an ordinary knitting needle.

I prefer that the patient should be in bed, that he should be warmly covered, and that he should be particularly protected against any sudden chill. A bougie is then to be selected, of a size corresponding to the size of the stream passed, as nearly as may be, or to the presumed diameter of the constricted passage; this is to be carefully lubricated with lard, cold cream, cerate, or some other equally tenacious substance, which is greatly to be preferred to the olive oil so commonly in use. Thus prepared, the instrument is to be carried carefully down to the seat of the stricture, and, if possible, pushed on into it, the entrance of its extremity being at once known by the peculiar manner in which it is grasped. After a few moments' delay, the bougie, in the great majority of cases, may be pushed on into the bladder. This, however, it must be borne in mind, is not always necessary; the mere presence of the instrument at the seat of the obstruction is generally sufficient to overcome the spasmodic action upon which the retention depends. The only difficulty in carrying these delicate instruments down to the stricture, is from their becoming entangled in the various lacunæ, which, as is well known, are greatly enlarged

in this disease. This difficulty, however, can be obviated by making traction upon the penis, so as to put the mucous membrane upon a stretch—or, in those cases which will admit of it, making use of the probe-pointed or olive-shaped bougie, of which I shall speak.

Where one or more false passages exist, by certain careful rotatory movements given to the instrument, we shall succeed in engaging the point within the stricture more speedily and safely with these delicate bougies, than by any other means. For this very purpose, M. Leroy made use of gum-elastic bougies which were bent into the form of a cork-screw, and which he often found extremely useful. Whatever form of instrument may be selected, I cannot too strongly enforce the necessity of using the greatest gentleness in its introduction. Anything like violence or even roughness, will not only give our patient great and unnecessary pain, but will be sure to be followed by an increased spasmodic action of the parts, which will defeat all our efforts. M. Civiale never could say too much on this point, which certainly is the basis of all success in catheterism.

Mr. Henry Thompson, of London, has recently suggested a method of protecting the mucous membrane from injury, and of rendering the introduction of small instruments more easy, particularly in these very cases of narrow stricture, which on trial will be found very useful. It consists in the simple method of applying the oil to the urethra itself, and very freely, rather than to the instrument. In order to effect this, he says, the nozzle of a common glass syringe, containing from four to six drachms of pure olive oil, should be introduced into the urethra as far as it will go, the external meatus being at the same time closed upon the nozzle by the fore-finger and thumb of the left hand, so that none can escape. Gentle pressure being now made upon the piston-rod, the oil gradually finds its way down to the stricture; and if this be very narrow, the urethra in front of it slowly fills and becomes slightly distended; but as the piston continues to descend, the oil will gradually pass through the stricture and onward into the bladder, thoroughly lubricating every part of the canal. At the moment the oil passes through the stricture, the operator may sometimes distinctly perceive a slight, but very complete, sensation communicated to the hand, of resistance overcome, and partial collapse of the previously-distended urethra in front. The syringe is then to be removed, the finger and thumb still commanding the meatus of the urethra so that no oil escapes. The smallest catheter may now be introduced, and made to traverse the urethra—at all events as far as the stricture—with very little or none of that difficulty arising from the catching of its point against the walls of the passage, so often experienced with very small instruments, and which renders so much care necessary in their employment. But what is more, when arrived at the stricture, the instrument, if adapted in size,

will gradually pass through it; or, at least, the probability of its doing so is greatly increased. The narrowed channel has not only been thoroughly lubricated, but somewhat distended by the mechanical pressure of the column of oil which has passed through it; and this sometimes occurs to an extent which affords no inconsiderable amount of aid to the operator. Patients suffering from very irritable stricture have experienced so much less pain from the passage of a catheter after the injection of oil, that I have been repeatedly requested by them to employ it on subsequent occasions.

I alluded to the probe-pointed bougie as being extremely useful in many cases of stricture. The delicate extremity of the bougie being armed with this olive-shaped button, prevents it from being caught in the lacunæ as it is passed down. So, also, under certain circumstances, it will be found that this form of bougie can be more readily insinuated into and even passed through one of these narrow strictures than any other. By means of this, also, we can easily pass down ointments of various kinds.

Mr. Thompson has recently advocated, also, the use of a probe-pointed catheter. This instrument resembles in form, length and curve the ordinary catheter, and is made of silver. For the last two inches, however, it is perfectly solid, the extremity being, in fact, a delicate metal probe. However small it may be necessary to have the instrument, so small can this probe-pointed extremity be made. The hollow part of the instrument commences at about two and a half inches from the point, and a small eye is placed on the inner aspect of the curve. From this part the instrument gradually increases in diameter. The whole is strengthened by a small steel rod or stylet, which accurately fills the interior, and to which the handle is affixed. The small eye can thus be kept clear of mucus and other matters. Mr. Thompson says: "when the stricture has been passed, considerable care is necessary in guiding onward the point through the canal behind, to prevent it becoming engaged in the enlarged lacunæ, which are commonly found in the dilated urethra behind an old stricture. This being safely accomplished, and the stylet removed, the urine will issue by drops only, on account of the small size of the eye, but nevertheless in a manner which will soon relieve the patient, and which at once assures the surgeons of his complete success."

I cannot myself see any particular advantage to be derived from such an instrument as the one just described. After passing through the stricture, a considerable portion of the instrument must be pushed on into the bladder, beyond the seat of the difficulty, before any urine could pass through the eye, and that too without any certainty that irreparable mischief may not be done to the parts. The probe-pointed bougie seems to me to be a much safer instrument, and much better adapted, in the majority of cases, to the proper treatment of narrow stricture. After either form of bougie of



which I have spoken has been passed, and the retention, if it exist, has been relieved, their use can be followed by larger instruments of the same material, or the metallic ones may be substituted.

We may not always succeed in passing instruments of such tenuity at the first trial, but by affording the parts an opportunity to rest, and the spasmodic action to subside, especially in those cases where violent measures have been pursued, success will finally reward our efforts. The perfect relaxation of all spasmodic action under the use of anæsthetic agents, often renders their administration extremely useful in our treatment of retention from a contracted stricture. I am of opinion that this is not borne in mind so generally as it ought to be.

Temporary dilatation is, without doubt, the safest and surest method of treating organic stricture. Although slow, at the same time it can be easily managed and can be suspended at any moment, according as circumstances require, and, above all, does not prevent the patient from pursuing his usual avocation—and for the early treatment of narrow irritable stricture, the use of gum-elastic or wax bougies is far preferable to metallic instruments. I have seen patients who have suffered so much from the passage of small metallic instruments, that they have not been willing to allow their farther use, but have made rapid progress under the employment of flexible instruments. When, however, the dilatation has proceeded so far that a No. 5 or 6 bougie passes with ease, then these may be laid aside and metallic instruments substituted.

I cannot close my remarks better than by quoting the words of Mr. Solly. "There is another thing to be remembered in the treatment of stricture; never be ashamed to leave the bedside of a patient without succeeding in passing a bougie. I am told that a hospital surgeon, now deceased, passed a sleepless night from vexation, if he failed to introduce an instrument into the bladder in presence of his pupils. Such a man must have made many a false passage. Every good surgeon will fail occasionally in the introduction of a bougie, but no good surgeon ought to make a false passage, though a skilful surgeon will sometimes do it, when his temper or his pride rules his hand, instead of his reason and his conscience."

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#### CASE OF MEMBRANOUS CROUP, TREATED BY TRACHEOTOMY.

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was a little girl, the daughter of German parents, living in comfortable circumstances at 63 Fayette street; age three years and eleven months. Dr. J. M. Phipps was called to her at about 3 o'clock, A.M., on April 10th, 1858. At that time the dyspnœa was excessive, and the voice almost entirely absent. At

10, A.M., Dr. Phipps asked me to see her. She had then been sick for at least hours. Her whole surface was very livid. Respiration labored, with great depression of the supra-sternal space upon inspiration, and thirty-nine in a minute. Percussion of back very clear. Respiratory sound dry, and heard over the whole chest. The pulse could not be counted. The pharynx was generally in very good condition, but a little lymph was thinly spread over the point of the epiglottis. I opened the trachea low down, after putting her under the influence of ether. The isthmus of the thyroid was divided during the operation, causing no inconsiderable venous hæmorrhage. One small arterial branch bled freely. This was secured by twisting, and the venous blood ceased immediately upon the introduction of the trachea-tube. A mass of lymph was removed from the trachea when first opened, and more was forced through the tube by coughing, to the amount of several drachms. At 11½, A.M., she was breathing very quietly. 8, P.M.—Face flushed. Pulse 132. Respiration 28. Has had nothing but milk and water. No air passes the glottis.

April 14th.—Dr. Phipps reports, that on closing the canula, he thought a little air was with difficulty forced through the glottis, for the first time.

15th.—To-day, when the tube is closed, there is a struggle and a cry which is audible. The voice can be heard, but of suffocative character.

16th.—Air decidedly passes the glottis, when the canula is closed, but suffocation is almost complete.

22d.—The patient has been able to breathe quite freely with the canula corked up, and speaks very plainly, though in a whisper. Removed the canula. Two hours later, on my arrival, found that Dr. George Hayward, Jr., had just assisted in replacing the canula, she having been again etherized. After the removal she was quite comfortable for an hour or more, and had eaten breakfast. Great dyspnœa then came on, and Dr. Phipps had been sent for. He had found it impossible to introduce the tube alone, as both hands were required to separate the wound.

May 7th.—Up to this date she has been very comfortable. The inner tube has sometimes been in for twenty-four hours, without requiring to be cleansed. There is a prolapse of the mucous membrane through the fenestra, which causes a slight shaving to be cut off whenever the inner tube is drawn out. Respiration quite easy. She talks and laughs. Breathes through glottis and tube, and can speak in an audible whisper without closing the opening. There appears to be quite as much (perhaps more) voice in inspiration as in expiration. Great irritation being caused by removing the inner tube daily, the whole was removed, and at 5½, P.M., a double canula without a fenestra was introduced. The instrument was slightly larger than the other, and the opening had become a hard cartilaginous ring. After its introduction she breathed with per-

fect ease, although the excitement of the operation caused much struggling and spasm of the glottis.

Saw her again at 10, P.M., with Dr. Phipps. He had been there a short time, and before he arrived the tube had become misplaced. The opening was closing fast, and the dyspnœa considerable. Respiration sixteen in the minute; the inspiration the most difficult and noisy, the expiration comparatively easy. When most difficult, she could, by coughing, expectorate a mass of bloody mucus, with relief. The trouble was so evidently spasmodic, that we concluded to give her rest if possible. She was seen by one or both of us between that time and 9 o'clock on the 8th, three times.

8th, 9, A.M.—Pulse 88. Can speak aloud without much effort. Wound nearly closed. A little air passes it upon forcible coughing.

9th.—Saw her at 4½, A.M. Found her breathing with great difficulty. Sibilant râles in chest. Face quite livid. Pulse 120. Gave her a nauseating dose of ipecac, which relieved her, and at 10, A.M., she was quite comfortable, breathing easily and without noise. Dr. Phipps had given her the same a few hours before. The last difficulty was doubtless caused by the fire becoming low, and the steam she had been inhaling from the commencement having been, in consequence, cut off. The only medicines had been given during the last forty-eight hours, being simply belladonna and opium, for the purpose of controlling the spasm of the glottis.

In taking charge of Jewish patients, physicians should remember that their religion forbids them to light fires upon the Sabbath, and therefore see that some one else has charge of the apparatus at such times, if steam be necessary.

For a few days from the above date she got a mixture containing sanguinaria and opium, but no further dyspnœa has occurred.

## TINCTURA VERATRI VIRIDIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Wishing to observe the effect of the above remedy, I made use of it recently in a case of acute bronchitis in a child.

A single case, interrupted as this proved to be, would, undoubtedly, be of very little avail in enabling one to form an opinion with regard to any important principle; yet as it suggested some precautions by which future experiments might be made more satisfactory, and as it fully demonstrated the efficiency of the remedy as an arterial sedative, I thought that you might see fit to give it a place in your Journal.

The patient was a child two and a half years of age, of Irish parents. On the 4th inst. it had cough, with frequent pulse and respiration, and coated tongue. A purgative was given on the evening of the same day, and operated freely the next morning.

On the 6th, at 9 o'clock, A.M., the pulse and respiration were still accelerated, and the skin was hot. The child had been restless the previous night, with frequent cough. I mixed sixteen drops of the Tincture of *Veratrum Viride*, presented by the Middlesex East District Society, with one and a half ounces of water, and directed one teaspoonful and a half to be given at that time, and one teaspoonful once in two hours thereafter. At four o'clock, the father requested me to see the child, saying that it had vomited after the last dose, and he thought there was a change for the worse. Being engaged, I directed him to omit the medicine, and visited the patient at 6 o'clock, P.M., two hours afterward. At that time, I found that there had indeed been a change, but that it was a favorable one. The pulse was much less frequent, as well as the respiration, the former being only 60. The muscles were relaxed, and the child appeared languid, at first glance suggesting the appearance produced by full doses of tartarized antimony. There was not, however, the coolness and moisture of skin nor the prostration produced by antimony, and the control of the circulation was more perfect. The child was quiet and disinclined to move, but, upon being offered some water, showed that he had sufficient energy. I endeavored to relieve the anxiety of the parents, as it afterward seemed, without success.

Without my knowledge, they immediately called the aid of a practitioner who is justly celebrated amongst the Hibernians, and who is generally very prompt with a diagnosis. He hesitated at first, but very soon pronounced it "a large pile or bile on the liver," and said that if it was not purged off very soon it would go into the "*black jaundice*." This was entirely satisfactory to the parents; not so to myself, as it interfered in some degree with my observation. I have inferred from it, however, that a smaller dose than I gave, would be sufficient for a child of that age. Instead of giving two drops at first, and four-thirds of a drop every two hours, I should give one drop at first, and two-thirds every two hours, watching the effect. The child is convalescent to-day.

*Brookline, June 7th, 1858.*

S. SALISBURY.

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#### CASE OF HÆMORRHAGE IN AN INFANT.

BY N. C. STEVENS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

APRIL 20th, 1858, 10 o'clock, P.M., attended Mrs. —, in her fourth confinement. After an easy labor of about three hours, she gave birth to a robust female child—perfect in all its developments—weighing ten pounds.

The funis was rather longer than usual, measuring 34 inches, and was wound around the neck several times.

During the first two days this child appeared in perfect health

—sleeping quietly, nursing vigorously, having the usual meconic dejections, and micturating freely.

On the morning of the third day, the nurse said that the last dejection reddened the water in which she washed the diaper, otherwise it did not attract notice. I did not see it. The child appears well, and does not indicate the loss of blood. Pulse 84, and natural. No tenderness or fulness of abdomen, nurses well, and receives a full supply of milk. It vomited a little in the night: sleeps quietly; respiration natural. Thinking the nurse deceived in regard to the character of the last dejection, I ordered one drachm of olive oil. Eleven hours after the oil, the child had a copious dejection of dark, broken coagula of blood, I should think from six to eight ounces. When seen, the patient was a little paler than natural; pulse 90, soft and regular. Nursed well through the day—abdomen appears as before—no manifestations of uneasiness. I gave one grain of tannic acid every hour. Visited patient at 1 A.M., five hours after last visit—had had two dejections of dark grumous blood, and was pale and anæmic; pulse 100; nurses, but more feebly than before; slight moaning, but not, as I thought, from pain; respirations 15 per minute. From this time until 8 o'clock, there were two or three small dejections of blood, similar to those previously noticed. Death took place at 8.30, A.M.

Autopsy 30 hours after death—Drs. L. M. Sargent and S. L. Sprague kindly assisting in the examination. Rigor mortis very slight; the body, even the most depending portions, extremely white and bloodless. Brain not examined. On opening the chest and abdomen, all the organs appeared naturally developed. The heart and blood-vessels, lungs, liver, pancreas, stomach, kidneys, and supra-renal capsules, were more or less pale, according to their structure, and entirely destitute of blood. The spleen, probably by reason of its structure at this age, seemed filled with dark grumous blood, which was easily pressed out on dividing the organ. The stomach contained a small quantity of partially digested milk. The entire alimentary canal was slit open, and its mucous surface exposed. The duodenum and upper portion of the jejunum were paler than usual; the lower portion of the latter and upper part of the ileum exhibited various degrees of congestion, and were covered with dark grumous blood. Below this, and embracing about two feet of the middle of the ileum, it was of an ivory whiteness, and contained nothing but the natural mucous secretion—exhibiting a wonderful contrast to the portions above and below. The remaining portion of the ileum and all of the large intestine were congested, of a dark red color, and covered with coagulated blood. The sub-mucous and peritoneal layers of the intestines opposite the congested portions, were more or less discolored—probably a cadaveric change. In sponging the mucous surface carefully, no abrasion, softening or other change was observable. The vessels, usually observed traversing the intestines, were empty; in fact,

the body appeared to be completely drained of blood. This child was born of healthy parents; no hæmorrhagic predisposition can be traced; no spot or pimple was observed during life. The remaining children, three in number, are healthy and robust.

A distinguished French pathologist says, that several diseases of the mucous membranes assume the form of a flux, and "present, as their principal, or even as their only symptom, an abundant discharge of blood, serum or mucus. The hyperæmia is not in this, as in inflammatory affections, necessarily of a sthenic or active character, and must not be confounded with the inflammatory affections of this membrane. In the hæmorrhage, the conditions of the hyperæmia are such, that the blood, instead of accumulating in the vessels of the mucous tissue, escapes from them, as fast as it arrives; but how the vessels are in such cases modified, in order to allow the escape of the blood which traverses them, is a mystery which we are totally unable to divine."

6 Brookline St., Blackstone Square, June, 1858.

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#### CASE OF MALIGNANT PUSTULE.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was a lady, aged 45, who had enjoyed general good health, not having called a physician for the last 12 years; she was stout and robust.

On Tuesday, the 23d of March, she came into my office and said to me, "Doctor, what is that on my head?" Upon examination, I found a slight swelling (over the left temple) with a point appearing to me as if she had been bitten by some poisonous insect. I told her that it looked like poison of some kind. She then asked me if it was erysipelas (a disease which was then quite prevalent in the neighborhood). I told her no. There was very slight redness. She then said, now I recollect, whilst I was busy last Saturday, the 20th of March, I felt something prick me on my head, and put up my hand to brush it off; afterward, looking in the glass, I saw this slight swelling which looked like a spider bite. This swelling had not troubled her at all, and she merely came in to find out whether it was erysipelas or not. She had applied spirits of camphor to the swelling. I recommended the application of aqua ammoniæ.

Wednesday, the 24th, I visited her and found the swelling increasing, with slight tenderness on pressure. I opened it with a lancet, and advised poulticing, as I found a small amount of pus. The pulse was 70, the tongue moist and clean; the patient said she suffered no inconvenience from the swelling "excepting the look of it."

Thursday, March 25th, I found my patient up and dressed, in good spirits, having had a good night's sleep; the swelling still in-

creasing. She began to complain of pain in her head; in the afternoon, the pain was worse, and the swelling extended to both eyes and down the left cheek. I ordered 8 grains of Dover's powder. The pulse was 80; patient sat up all day.

Friday, March 26th, the patient was sitting up as usual; she said the pain had all left her head, and she felt nicely; pulse 80; tongue slightly coated; swelling increasing. This afternoon, about 4 o'clock, I called and found her sitting up; she said she was free from pain, but was very sleepy and was afraid to go to sleep for fear she would not awake. Her pulse was slightly intermittent; she was undressed and went to bed. I desired a consultation. The friends telegraphed to Dr. A. A. Gould, of your city, who unfortunately missed the last train that evening, and did not arrive till next morning. I visited her that evening about 7 o'clock, and found her comatose, in which state she continued till she died, at half past 12, Saturday noon, the 27th of March.

Dr. Gould arrived at half past 8 Saturday morning, and after an examination of the case, with my history of it, pronounced the swelling malignant pustule.

Now, Messrs. Editors, I would inquire of you, or some of your more experienced contributors (as this was the first example I ever saw of this disease), what would be the proper treatment in these cases, and when shall the treatment begin? When shall the deep incision be made and caustic applied? When shall carbonate of ammonia be given? If a person comes to a physician with a slight swelling attended with some redness (or something called "a pimple"), would it be proper to make an incision and apply caustic immediately? It seems to me to be a disease very difficult to diagnose.

Very respectfully,

D. DANA.

Lawrence, June 9th, 1858.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 26th.—*Congenital Umbilical Hernia.* The account of the case, sent to the Society by Dr. Daniel Chaplin, of East Bridgewater, was read by Dr. GEORGE HAYWARD, JR.

On August 18th, 1856, Dr. C. attended Mrs. — in confinement at West Bridgewater; the labor was natural, and the child was born in about four or five hours. At the time of birth, a peculiarity was noticed about the navel, which, upon examination, was found to be owing to a congenital umbilical hernia. The hernial tumor was of the shape of a flattened sphere, and measured around the umbilical opening  $7\frac{1}{2}$  inches, around its largest part 9 inches, and in its short diameter  $2\frac{1}{2}$  inches. It was covered externally by an expansion of the outer part of the umbilical cord (which had been tied about five inches from the tumor), and this, with the peritoneum, formed a transparent membrane,



through which could be distinctly seen the peristaltic action of the intestines, and an object of a pale red color, which appeared to be the liver. Within a few hours after birth, the membrane covering the tumor became somewhat opaque, but what was supposed to be the liver could still be distinctly felt, though not so clearly seen as before. Indeed, even as late as the second day, Dr. Hichborn, of North Bridgewater, who saw the case, could indistinctly see the object and feel it very plainly.

The hernia could only be partially reduced; but, as it was not strangulated, the bowels having acted freely from castor oil, and the child appearing to be perfectly well, Dr. C. decided (having previously consulted with Dr. Hichborn, of North Bridgewater and Dr. Hayward, Jr., of Boston, who agreed with him on the subject), to continue the treatment at first adopted. This consisted merely in applying a piece of linen, spread with althæa ointment, over the whole tumor, with a compress so secured as to make a moderate pressure upon it. Dr. C. was the more inclined to pursue this course from having found, in "Underwood on Children," a description of a similar case (to which is applied the term "hepatomphalos"), where the hernial tumor was treated in this way until it gradually retracted, and at last entirely disappeared.



The tumor lessened daily in its short diameter, but enlarged at the navel, which seemed to be owing to a change in the position of the liver. When first seen, it lay at a right angle with the linea alba; as the tumor decreased it assumed an oblique position with regard to it, and gradually passed round into a direct line with it. On the fifteenth day it seemed to be tipped up on end, as it were, and on the sixteenth it entirely disappeared, having slipped into the cavity of the abdomen. The external covering of the tumor began to shrivel up a few days after the child's birth, and suppuration, attended with some fever, came on underneath it; by the twentieth day it came off entirely, leaving the tumor covered with healthy granulations, and with a place on one side where the ends of the bloodvessels of the umbilical cord, about an eighth of an inch long, could be distinctly seen.

The child continued to be perfectly healthy, and grew very well, the tumor gradually diminishing, until, at the end of five months, all that remained of it was a little projection at the navel half an inch long, and of about the diameter of a thimble, which projection was not increased by crying.

When last seen he was nineteen months old, a well-grown and perfectly healthy child, having at the navel a circular space an inch and a

quarter in diameter, formed of close wrinkles converging towards the centre, where there is a prominence of the size of the end of a thimble, and about a quarter of an inch high, with a mark like the cicatrix of an old wound running through it. The wrinkles on the prominent part are finer than those on the flat part, and the whole is covered with natural-looking skin.

The photograph, from which the accompanying cut was made, was taken when the patient was three days old.

MAY 24th.—*Extensive softening of the Brain; Apoplexy; remarkable absence of the usual Symptoms.* Dr. ELLIS reported the case.

An unmarried woman, 27 years of age, who had always enjoyed pretty good health, became feverish on May 10th. On the following day erysipelas made its appearance upon the face, but by the 13th she was nearly well. At 10, P.M., she noticed some numbness of the left arm and leg, which by 3 o'clock became perfectly paralyzed, sensation being at the same time entirely lost. At 8, A.M., on the following morning, she had a convulsion, followed by four others, the last at 10 in the evening, each occupying about 40 minutes. Ether was administered, but she was at no time unconscious, and actually spoke while convulsed, and after the cessation of the attacks the intelligence was perfectly good. There was at no time any dilatation of the pupils, and only slight pain in the head. The muscular power and sensation returned, to some extent, in the left arm on the day of her death, and no stupor was noticed until that time, when there was some picking at imaginary objects, and stertor. On the night of the 15th, there was constant flexion and extension of the right arm. Half an hour before death, the pulse was 76, firm and steady. The bowels were easily acted on and under perfect control, as well as the bladder.

*Sectio Cadaveris.*—On examination of the head, the convolutions of the brain were found somewhat flattened. A decided extravasation of blood had taken place within and beneath the pia mater, over the upper part of the right hemisphere. The same was noticed, though much more limited, at the posterior part of the left. Much of the corresponding portions of the brain was, to the touch, decidedly softer than usual. On incision, a large part of the substance of the right hemisphere, from the surface to the level of the lateral ventricle, was very soft, and here and there almost deliquescent, mostly white, but in points slightly yellowish. In these softened portions, both gray and white, extravasations of blood were seen, mostly in the form of puncta, single or in groups. In the cortical, and a portion of the medullary substance on the right side, the tissue was so infiltrated with blood as to resemble very closely a coagulum. Similar appearances were noticed elsewhere.

The posterior part of the left hemisphere presented precisely the same appearances, although the extent of the disease was much less. The other portions of the brain were sufficiently healthy. The lateral ventricles contained the usual amount of serum. Nothing remarkable was found on examination of the other organs.

Judging from the fact that the softening was so extensive, and the apoplectic points so widely disseminated, it is altogether probable that the former was the primary lesion. With regard to its cause, nothing was ascertained. A microscopic examination of the diseased parts was unfortunately omitted, and no obstructed vessel was found.

MAY 24th.—*Rupture of the Perineal Artery in Labor; Laceration of the Perinæum.* Dr. AINSWORTH mentioned the case.

Mrs. H. was brought to bed with her first child May 12th. The labor was lingering. After twenty-four hours, ergot, in the form of tincture, was administered to the extent of one ounce. In the course of six hours, this failing to arouse labor pains, the forceps were applied, and she was successfully delivered of a living child weighing twelve pounds. An extensive rupture of the perinæum was produced by the passage of the child's head; not, however, extending to the sphincter ani. The uterus was felt firmly contracted at the lower part of the abdomen. After waiting about ten minutes, slight traction was made on the cord, and Dr. A. was surprised to find under the clothes a large clot of blood. On withdrawing the hand, spots of blood were seen on the coat sleeve, like those produced by a bleeding artery. An examination showed the transverse perineal artery to be ruptured, and bleeding freely *per saltem*. A ligature was passed around it, and the case recovered without accident.

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### Bibliographical Notices.

*Elements of Inorganic Chemistry, including the Applications of the Science in the Arts.* By THOMAS GRAHAM, F.R.S.L. & E., late Professor of Chemistry in University College, London. Edited by HENRY WATTS, B.A., F.C.S., and ROBERT BRIDGES, M.D. Second American Edition. Philadelphia: Blanchard & Lea, 1858. 8vo. Pp. 852.

THIS is a new American edition of Graham's *Inorganic Chemistry*, from a second English edition recently published. Nearly four hundred pages of new matter, judiciously selected from the immense amount of material which has accumulated since the appearance of the first edition in 1843, have been added to what originally formed a volume of four hundred and seventy-five pages, rendering it the most complete and at the same time the most recent treatise upon *Inorganic Chemistry* in the English language. The portion upon *Organic Chemistry* is not republished with it, and we see no notice of its intended reproduction. Although a far greater amount of time and labor, and a far greater proportion of the chemical investigations and researches of the last fifteen years have been devoted to the study of organic than of inorganic nature, nevertheless the latter has not been neglected. Series of compounds, which were more or less imperfect, have been partially or completely filled by the discovery of the missing members, and four new elements have been added, expanding the list to fifty-nine. The result of the exact study of numerical data, the basis of calculation of the theoretical chemist, and lucid explanations of the fundamental views of the constitution of salts, are very fully given in this work. In the form of a supplement, there is to be found an account of the most recent investigations of heat, light, and electricity, of chemical classification and affinity, of diffusion of liquids, of osmose, of the metals of the alkalis and earths, such as aluminium and compounds of ammonium, and the non-metallic elements. Under the head of *Ozone*, Prof. Graham says,—“the nature of ozone is still a matter of discussion. That it is a higher oxide of hydrogen was first suggested by

Prof. Williamson, who passed ozoniferous oxygen, obtained by electrolysis, first over chloride of calcium to dry it, and then through a glass tube in which it was either heated by a spirit lamp or brought in contact with finely divided copper at a red heat. The ozone was thereby decomposed and deprived of its odor, and water was deposited. The same view has been further supported by the more recent experiments of Baumert, who has likewise analyzed the ozone quantitatively, and finds that it is a *teroxide of hydrogen*  $\text{HO}_3$ . Baumert has also found, in accordance with the observations of previous experimenters, that perfectly dry oxygen gas, subjected for some time to the action of the electric spark, is brought into an allotropic state with peculiar properties. Andrews could not discover any trace of water in the decomposition of electrolytic ozone by heat. But, as this modified oxygen, when it exhibits the odor of ozone, or any of its peculiar reactions, is necessarily brought into contact with moisture, it is highly probable that it then combines with the elements of water, forming the true ozone  $\text{HO}_3$ , and that to this the odor and oxidizing actions are really due. The existence of hydrogen in it can hardly be denied until some valid objection is adduced against the results obtained by Baumert and Williamson."

Any observations regarding the nature and properties of this peculiar body are of interest to the medical observer. In this connection, therefore, reference may be made to the experiments undertaken by Prof. Wm. B. Rogers, of Boston, to ascertain the variations of ozone in the atmosphere of this city. For this purpose he made use of the prepared paper of Schönbein's ozonometer (paper soaked in a solution of iodide of potassium, the iodine being liberated and turning the paper brown in the presence of ozone). In remarks made before the Natural History Society two years since, Prof. R. stated "that he had been struck with what seems a fixed relation between the direction of the aërial current and the amount of ozone prevalent at the time in the atmosphere. As long as the wind had continued to come from eastern or southern points, he had found the ozone to be nearly or quite absent; but whenever the current had changed to west or north-west, the test paper had unfailingly indicated its presence in considerable force. The rapidity and amount of this effect had always been greatest when the wind had hauled suddenly to west and north, and had blown violently, but it had continued to manifest itself, although with slow abatement, as long as the current held from this quarter."

The following extract, concerning the disinfecting properties of wood-charcoal and platinized charcoal, may be of interest.

"*Charcoal as a disinfectant.*—The power which wood-charcoal possesses of absorbing and decomposing gaseous bodies has lately been applied by Dr. Stenhouse to the construction of ventilators and respirators for purifying infected atmospheres. In a pamphlet, bearing the title "*On Charcoal as a Disinfectant*," Dr. Stenhouse observes—"Charcoal not only absorbs effluvia and gaseous bodies, but, especially, when in contact with atmospheric air, rapidly oxidizes and destroys many of the easily alterable ones, by resolving them into the simplest combinations they are capable of forming, which are chiefly water and carbonic acid. . . . effluvia and miasmata are generally regarded as highly organized, nitrogenous, easily alterable bodies. When these are absorbed by charcoal, they come in contact with highly condensed oxygen gas, which exists within the pores of all charcoal which has been exposed to the air, even for a few minutes; in this way they are oxidized and destroyed." On this principle, Dr. Stenhouse has constructed ventilators, consisting of a layer of charcoal enclosed between two sheets of wire

gauze, to purify the foul air which accumulates in water-closets, the wards of hospitals, and in the back courts and lanes of large cities. By the use of these ventilators, pure air may be obtained from exceedingly impure sources, the impurities being absorbed and retained by the charcoal, while a current of pure air alone is admitted into the neighboring apartments. A similar contrivance might also be applied to the gully-holes of our common sewers, and to the sinks in private houses. Dr. Steunhouse has also constructed *respirators*, consisting of a layer of charcoal a quarter of an inch thick, interposed between two sheets of silvered wire gauze, covered with woolen cloth. They are made either to cover the mouth and nose, or the mouth alone; the former kind of respirator affords an effectual protection against malaria and the deleterious gases which accumulate in chemical works, common sewers, &c. The latter will answer the same purpose when the atmosphere is not very impure, provided the simple precaution be taken of inspiring the air by the mouth, and expiring by the nose. This form of respirator may also be useful to persons affected with fetid breath. Freshly heated wood-charcoal simply placed in a thin layer in trays, and disposed about infected apartments, such as the wards of hospitals, is also highly efficacious in absorbing the noxious matter.

*Platinized charcoal.*—The power of charcoal in inducing chemical combination is greatly increased by combination with minutely divided platinum. In this manner, a combination may be produced possessing the absorbent power of charcoal (which is much greater than that of spongy platinum), and nearly equal, as a promoter of chemical combination, to spongy platinum itself. In order to platinize charcoal, nothing more is necessary than to boil it, either in coarse powder or in large pieces, in a solution of bichloride of platinum, and, when thoroughly impregnated, which seldom requires more than ten minutes or a quarter of an hour, to heat it to redness in a close vessel, a capacious platinum crucible being well adapted for the purpose. \* \* \* \* \* Platinized charcoal seems likely to admit of various useful applications; one of the most obvious of these is its excellent adaptability to air-filters and respirators. From its powerful oxidizing properties, it may also prove a highly useful application to malignant ulcers and similar sores, on which it will act as a mild but effective caustic."

B. S. S.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JUNE 17, 1858.

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### THE AMERICAN PHARMACEUTICAL ASSOCIATION.

The publication of the "Proceedings of the American Pharmaceutical Association, at their sixth Annual Meeting," and the importance of this Society to the community, and to the medical profession, must be our excuse for making a few remarks on the mutual relations of pharmacy and the practice of our art. We have always been an advocate for the rational treatment of disease. We believe that the number of specific medicines is small, and that scarcely any two cases of disease are to be treated exactly alike. To seek for a specific for every disease is the mark of a shallow mind. The progress of the science of therapeutics is in the opposite direction; the greater the advance made in that branch of medicine, the more evident does it become that the treatment in every case of disease is to be varied according to a thousand varying circumstances, depending upon the condition of the patient, the prevailing character of the maladies of the season, the season of the year, and many other considerations. Our readers well know, also, that we are in favor of the treatment of disease without

the aid of drugs, so far as they can be safely dispensed with, and that we must look for more improvement in the art of preventing sickness than of its cure.

Far be it from us, however, to ignore the necessity of the employment of drugs in the practice of medicine. So long as our art shall exist, we shall be to a great extent dependent upon them, as the mechanic must always be dependent upon his tools, though the most skilful workman will generally employ the fewest, and those of the simplest construction. The pharmacist is to the physician what the machinist is to the engineer; he prepares our implements, and his art must improve in the same degree as ours. The volume of Transactions before us shows how great has been the improvement in pharmacy within the past few years. New substances of great power and value have been added to the pharmacopœia, and the value of old ones has been greatly enhanced by new methods of combination, whereby their efficacy has been increased, their bulk has been concentrated, their taste rendered less offensive, and their form made more pleasing to the eye.

The American Pharmaceutical Association consists of upwards of two hundred members, from all parts of the country, including about thirty from our own State, and the published volumes of its Transactions are evidence of the favorable influence it must exert upon the progress of pharmacy. The one just issued is of unusual interest, both from the zeal manifested by its members in the improvement of the art, and the great utility of the papers which were read at the meeting in Philadelphia. When there is so much that is excellent, we can only refer to a few subjects which deserve especial attention. We are much struck, in reading this volume, with the importance assigned to the ethics of the profession of pharmacy. The subjects of the sale of poisons, of the commerce in quack medicines, and of the true relations of the physician and the apothecary, appear to have occupied a considerable share of attention during the session. Among the reports, we notice one which demands the serious attention, not only of the medical profession, but of the government and the community. We allude to that on weights and measures. The committee urge the importance of adopting an uniform decimal system, and the arguments employed are most convincing. They propose to substitute for the present system of weights, one of which the standard is the pound *avoirdupois*, to be divided into 10 ounces, and each ounce into 10 drachms, each drachm into 10 scruples, each scruple into 10 grains. Again, 10 pounds will make one stone, 10 stones one hundred weight, 10 hundred weights one ton. For measures, they would have the gallon as the standard unit, containing exactly 10 pounds of distilled water, to be subdivided into decimals of pints, ounces, drachms, scruples and grains; 10 gallons will equal one anker, and 10 ankers one ton. The system may require some modification, but we are convinced that the time has come when one substantially like it must be adopted, and we earnestly hope that the subject will soon seriously occupy the attention of Congress.

The committee on the sale of Poisons have some hesitation in recommending the establishment of stringent laws against the sale of dangerous substances, being rather inclined to believe that the public safety lies more in the extension of scientific and general intelligence among druggists, than in the enactment of compulsory statutes. They



make an earnest appeal on the subject to druggists and pharmacists in the United States, which we hope will not be disregarded. The report on the progress of pharmacy is a long and able one, in which we are glad to see it stated that "the *Massachusetts College*, though not a teaching institution, in the collegiate sense, seems to be infused with quite as much vitality as any of her sister institutions, and in some regards is an example to all."

Our space will not permit us to refer to many other valuable papers contained in the Transactions, but we must call attention to the admirable essay of Mr. Edward Parrish on Ethical Analysis, in which the duties of the pharmacist are pointed out and illustrated by an ingenious and pleasing comparison to the methods employed in the manipulations of the laboratory.

We hope the Transactions of the association will be extensively circulated, and that the institution will long continue to diffuse its usefulness throughout the country.

#### PROLAPSUS OF THE FUNIS.

In our last issue, we referred to the treatment of this accident, recommended by Dr. T. Garland Thomas, of New York City. Since then, we have received Dr. Thomas's paper, and find that he has added a fourth rule of treatment to those we have already printed from the *New York Journal of Medicine*. We re-print the "rules" entire.

1st. If the cord is detected before the waters have broken, let no manual assistance be offered, but place the woman at once in position, and trust to this for its return to the uterus.

2d. Should the waters have flowed away, and left the cord below the head, place the woman in position, and push it up with the hand if practicable, or with a *porte-cordon*, consisting of a gum-elastic catheter, with a tape passed through it, if not so.

3d. Let no manipulations be commenced until the woman be placed in position.

4th. That, in returning the cord, the whole hand be introduced into the vagina; this is essential to success; the fingers alone will fail.

#### DEATH OF DR. DEANE, OF GREENFIELD, MASS.

We regret to announce the death of this distinguished and most estimable man, which took place at Greenfield, on Wednesday, June 2d; from what disease we have not yet learned. Dr. Deane was in the prime of life and usefulness, being only 56 years old. Highly accomplished in medical acquirements and very skilful as a surgeon, his loss will be deeply and widely felt. Those associated with him in his professional capacity, and his numerous friends and acquaintances can best appreciate its extent. We have been accustomed for a long time to hear him spoken of in exalted terms, but his well-known modesty and somewhat retiring habits kept him from assuming that prominence to which his varied knowledge and many talents entitled him.

Dr. Deane was an occasional contributor to the pages of this *Journal*; and some time since we had occasion to notice the elegant contribution made by him to the science of Natural History, and which was illustrated by his own hand. He was the first to discover the bird-tracks in the sand-stone formation of the Connecticut river. A large work upon this subject by him, was in progress when he was at-



tacked by his last illness. We hope that some one familiar with Dr. Deane's life and character will give us a sketch thereof, as many will be gratified to know more of such a man.

*The Maine Medical and Surgical Reporter.*—It has always been a matter of surprise that no medical journal existed in the State of Maine. A year or two since, an effort was made to establish one, but for some reason the plan fell through. A new journal, with the above title, has been laid on our table, and we heartily wish it success. The *Reporter* will be issued monthly, each number containing at least forty-eight octavo pages, for the price of *three dollars* a year. The editors and proprietors are Drs. W. R. Richardson and R. W. Cummings. The editorial department shows talent and devotion to the best interests of the profession and the community. We are glad to see, in the article headed "Politics in Medical Appointments," a denunciation of the conduct of the executive of this State in the removal of Dr. Lathrop from the Rainsford Island Hospital, and in the appointment of his successor. The *Reporter* is well printed, and is altogether creditable to the State of Maine.

*Increase of Insanity in England.*—It would appear, by the following statement from the *London Lancet*, that the United States are not the only country in which insanity has been on the increase during the last few years.

"There are 1000 patients in Hanwell Asylum; the house is to be enlarged so as to accommodate 2000. There are 1200 pauper lunatics in the house at Colney Hatch. Yet there are still 1100 pauper lunatics in Middlesex unprovided for. 'A few years ago lunatics were in the proportion of one to rather more than 800 of the population, while now they are in the rate of one to 700—an increase of one eighth to an increased population.'"

*Health of the City.*—Boston is now so healthy that there is really little or nothing to write under this head. Only 47 deaths were reported last week, of which 16 were from consumption and 3 from pneumonia. The number for the corresponding week of 1857 was 59, including 12 from consumption and 4 from pneumonia. A number of the brethren have left town for the "rural districts," and we ourselves exchanged Franklin street for the Glen House and North Conway during one blessed week, and came reluctantly home, Saturday night, much refreshed in mind and body. We counsel all whose occupations are engrossing and sedentary, to break off, if it be but for one week, at almost any sacrifice, and visit the magnificent scenery with which our country abounds. They will find the plan an economical one, by the increased stock of health and capacity for work which they will gain.

Died.—At Mercer, Me., 4th inst., Dr. Andrew Crosswell, 80.—In Detroit, Mich., May 7th, Lucius Gain Robinson, M.D., 33.

*Deaths in Boston for the week ending Saturday noon, June 12th, 47. Males, 10—Females, 28.—*Accident, 1—*inflammation of the bowels*, 2—*bronchitis*, 1—*inflammation of the brain*, 1—*disease of the brain*, 1—*cancer*, 1—*consumption*, 16—*convulsions*, 1—*diarrhoea*, 1—*dropsy in the head*, 3—*debility*, 1—*infantile diseases*, 1—*puerperal*, 2—*erysipelas*, 1—*typhoid fever*, 1—*scarlet fever*, 3—*disease of the heart*, 1—*intemperance*, 1—*inflammation of the lungs*, 3—*marasmus*, 2—*rheumatism*, 2—*whooping cough*, 1.  
Under 5 years, 13—between 5 and 20 years, 9—between 20 and 40 years, 10—between 40 and 60 years, 11—above 60 years, 4. Born in the United States, 29—Ireland, 15—other places, 3.

*Electricity as an Anæsthetic.*—Dr. D. S. Chase, of Augusta, Ga., gives a brief report, in the *Southern Medical and Surgical Journal*, of five cases in which he has extracted teeth while the patients were under the influence of electricity, and in all the cases the sense of pain was rendered much less acute.

*Dental Convention of Northern Ohio.*—We recently attended the second meeting of this Convention. The brethren are enlisted for the war. Their zeal and energy are really refreshing. There is possibly something in the lake breezes which imparts professional zeal. We are glad that a permanent association is about to be formed, as a result of these meetings. There is also a prospect of a local society in Cleveland and vicinity. When the members of the profession meet for mutual improvement, the cause of science must prosper.—*Dental Regis. (Cin.)*

*Proposed Changes—University of Louisville.*—We learn that Prof. J. B. Flint, who succeeded Prof. Gross in the chair of surgery, in the University of Louisville, has resigned, and Prof. Palmer, the accomplished teacher of anatomy, has been transferred to the vacant chair.

We also learn that Prof. Miller, the venerable Professor of Obstetrics, has resigned. As yet we have heard no one mentioned as likely to fill either of the vacancies.

It is also reported that the new medical school at Nashville, will soon go into operation, and that Dr. May, of Washington, is to be the Professor of Surgery.—*Buffalo Medical Journal*.

*Charleston Medical College.*—We learn from the *Charleston Mercury* that at a meeting of the Trustees and Faculty of the Medical College of the State of South Carolina, held on the 17th of May, Dr. P. C. Gaillard was elected to the Chair of the Institutes and Practice of Medicine, in this institution, rendered vacant by the resignation of Prof. Dickson, and Dr. J. J. Chisolm to the chair of Surgery, made vacant by the resignation of Prof. Geddings.—*Oglethorpe Med. and Surg. Journal*.

*Necrology of San Francisco.*—The whole number of deaths in the city and county of San Francisco from 1st of January, 1858, to April 6th, is 286. A proximate statement is presented: Consumption, 69; typhoid fever, 11; sore throat, 9; pneumonia, 11; convulsions, 13; stillborn, 14; all other causes, 159. It will be remarked that the mortality from consumption is large—about one in four. Of those who died of consumption, the average age is 26 years; twenty-nine were between 20 and 30; twenty-nine between 30 and 40, and only nine over 40, and two were under 20 years. The disease feasts at the banquet of youth and beauty, here as all over the world.—*Pacific Med. and Surg. Journal*.

INFANTS found dead in bed, are not generally killed by being lain on by their mothers, but by being suffocated under the bed-clothes, with carbonic acid gas exhaled from their own lungs and re-inspired. They die without pain, in a profound sleep. Mothers, give your babes more air. Let them sleep with their heads uncovered. Do not let them go to sleep on or under your arm, for when you cover yourselves, in the half unconsciousness of partial sleep, you will cover your darlings' heads also, and in the morning may find them still in sleep—a sleep from which your caresses cannot awake them.—*Ibid.*

*Death of Dr. Widmer.*—Dr. Widmer, a physician well known to every person who has ever resided in Toronto, for many years a Legislative Councillor, and one of the oldest medical practitioners in the Province, died lately. He had been in the Legislative Council during several of the recent debates there, apparently in his usual health. But it seems that the loss of an only son, some time ago, had very much preyed upon the mind of the father. He had had a very handsome vault built for the body of the young man, and had gone to visit the place. On arriving at the steps going down to the door of the vault, he was overcome by some sudden emotion, mental or physical, and fell down the stairs. There he lay some hours, and was at last found by a passer-by. The day was cold, and a person of Dr. Widmer's age must have suffered greatly from the lowness of the temperature, if from no other cause. But it is presumed that the attack was one, in itself, of a mortal tendency, and though the doctor was alive when he was found, and conveyed home, he only lived a very few hours.—*Montreal Med. Chronicle*, from *Montreal Herald*.